

# BACKFLOW PREVENTION DEVICE REPAIR INFORMATION & RE-TEST REPORT FORM

(Print Clearly)

**Please Note:** Prior to conduct the repair contact the local Plumbing Dept. to find out if a permit is required and obtain the Plumber Inspector's signature after the repair completed.

- **For Devices Located on Domestic Line:** a Massachusetts Licensed Plumber must conduct the repair of these devices.

MA License Plumber's Name (Print)	Plumber License #	____/____/____ Cert. Exp. Date	Signature
Plumbing Inspector's Name (Print)	Plumber License #	____/____/____ Expiration Date	Signature
		____/____/____ Date	

- **For Devices Located on Fire Protection Line:** a Massachusetts Certified Fire Sprinkler Fitter/Contractor must conduct the repairs of these devices.

MA Licensed Fire Sprinkler Installer Name	License #	____/____/____ Expiration Date	Signature
		____/____/____ Date	

Repair Date ____/____/____	Check Valve #1	Check Valve #2	Relief Valve
<b>Describe Repair(s)</b> 	<input type="checkbox"/> <b>Cleaned only</b> <b>Replaced parts</b> <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Ring <input type="checkbox"/> Module <input type="checkbox"/> Other _____ _____ _____ _____	<input type="checkbox"/> <b>Cleaned only</b> <b>Replaced parts</b> <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Ring <input type="checkbox"/> Module <input type="checkbox"/> Other _____ _____ _____ _____	<input type="checkbox"/> <b>Cleaned only</b> <b>Replaced parts</b> <input type="checkbox"/> Disc, upper <input type="checkbox"/> Disc, lower <input type="checkbox"/> Spring <input type="checkbox"/> O-rings Diaphragm, large <input type="checkbox"/> upper <input type="checkbox"/> lower Diaphragm, small <input type="checkbox"/> upper <input type="checkbox"/> lower <input type="checkbox"/> Space, lower <input type="checkbox"/> Module <input type="checkbox"/> Other _____ _____
	<b>Re-test Date</b> ____/____/____	<input type="checkbox"/> <b>Leaked</b> <input type="checkbox"/> <b>Closed Tight</b> <b>Held at _____ psid</b>	<input type="checkbox"/> <b>Leaked</b> <input type="checkbox"/> <b>Closed Tight</b> <b>Held at _____ psid</b>
<b>#2 Shutoff Valve</b>	<input type="checkbox"/> <b>Shut Tight</b> <input type="checkbox"/> <b>Leaked</b>		
<b>Re-test Result</b>	<input type="checkbox"/> <b>PASS</b> <input type="checkbox"/> <b>FAIL**</b>		

*The above re-test/inspection is certified to be true. (Signatures required)*

- **Backflow Device Test Conducted by:** (MA-DEP Backflow Prevention Device Tester)

MA-DEP Certified Tester Name (Print)	MA-DEP Cert. Tester ID#	____/____/____ MA-DEP Cert. Exp. Date	Signature
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- **Backflow Device Test Witnessed by:** (Facility Owner/Representative)

Facility Owner/Representative Name (Print)	Signature
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**\*\* If repaired backflow prevention device fails the re-test, it must be repaired and re-test and a Backflow Prevention Device Repair Information & Re-test Report Form must be fill out.**